STATEMENT OF

RECEIVED 2012 NOV 15 AH 11: 28

FORM 1	ORGANIZATION						FEC MAIL CENTER
1. NAME OF COMMITTEE (in	n full)		neck if name changed)		mple:If typing, type r the lines.	12FE4	lm5
NEW YOR	KRE	PUBLI	ÇẠN E	XECL	ITIVE BO	ARD	
	1	1111					
ADDRESS (number a	P. O.	BOX 6	6731	3	1.1.1.1.1		
(Check if address is changed)		POM	PANO	BEAC	H	, FL	33066
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address		-		dress) ecutiveBo	ard@gņ	nail.com , , , , , , , ,
COMMITTEE'S WEE	PAGE ADD	DRESS (URL	-)				
(Check if is change							
2. DATE 11	l [™] ′ 10	" ′ Ž0	12 [*]				
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATE	MENT X	NEW (I	N) OF		AMENDED (A)	
I certify that I have	examined th	is Statemen	t and to the	best of my	knowledge and beli	ef it is true, co	rrect and complete.
Type or Print Name	of Treasure	PET	ERSO	N TRI	JMP		
Signature of Treasur	er A	eterns	n Eu	p		Date	11°′10°′2012`
NOTE: Submission of false, erroneous, or incomplise information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use					For further Information Federal Election Communication Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2					
		OMMITTEE Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Candi	_							
Candi Party	date Affiliatio	Office Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candi								
Party	y Con	mittee:						
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Political Action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:					
		Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., noncommected committee)	egregated fund or party					
		In addition, this committee is a Lohbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Fund	raising Representative:						
(g)	Ц	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
Committees Participating in Joint Fundraiser								
	1.	FEC ID number C						
	2.	FEC 1D number C						
	3.	FEC ID number C						
	4.							

TREASURER

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name NEW YORK REPUBLICAN EXECUTIVE BOARD 6. Name of Any Connected Organization, Affiliated Comminee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address STATE ZIP CODE CITY Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Relationship: Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. **Full Name** Mailing Address 33066 POMPANO BEACH Title or Position CITY STATE ZIP CODE |268| Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). **Full Name** of Treasurer Mailing Address STATE ZIP CODE Title or Position

Telephone number

STATE

STATE

ZIP CODE

ZIP CODE

CITY

CITY

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Name of Bank, Depository, etc.

Mailing Address

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate						
Hand Delivered	Date of Receipt					
USPS First Class Mail	Postmarked					
USPS Registered/Certified	Postmarked (R/C)					
USPS Priority Mail	Postmarked 11/13/2012					
Delivery Confirmation™ or Signature Confirmation™ Label						
USPS Express Mail	Postmarked					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business	s Day Delivery					
Received from House Records & Registration Office	Date of Receipt					
Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	eceipt or Postmarked					
PY	11/30/2012					
PREPARER (2/2005)	DATE PREPARED					
(3/2005)	. •					